



# **Annual Report on Substance Abuse Treatment Programs**

**Submitted Pursuant to ARS 36-2023**

**Arizona Department of Health Services  
Division of Behavioral Health Services**

**December 31, 2007**

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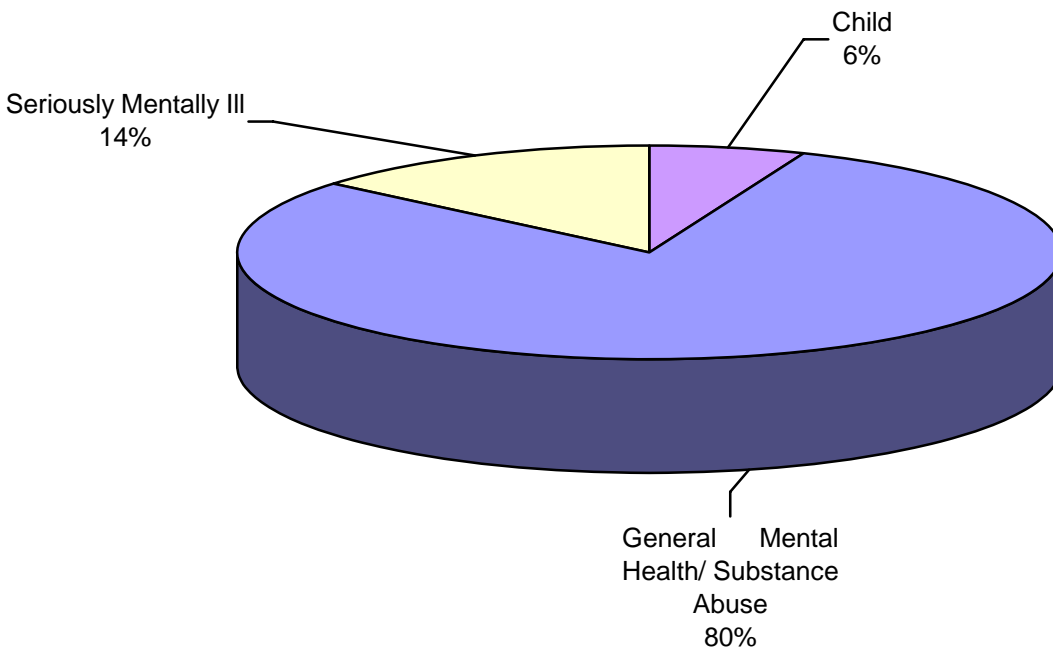
## Executive Summary

ARS 36-2023 establishes an annual requirement for a report on substance abuse treatment programs that receive funds from the Arizona Department of Health Services (ADHS). The statute directs the ADHS to prepare an annual report on drug abuse treatment programs in this state that receive funds from the department to be submitted by January 1 of each year to the governor, the president of the senate and the speaker of the house of representatives and to be made available to the general public through the Arizona Drug and Gang Prevention Resource Center.

Data in this report represents all children, adolescents and adults that were identified with a diagnosis of substance abuse/dependence during State Fiscal Year (SFY) 2007, or reported an alcohol/drug related treatment concern at admission to the ADHS behavioral health service system. The report covers 65,696 adolescents and adults who were enrolled in services, with 55,354 (84%) who received at least one service following the initial assessment. Data is presented separately for Regional Behavioral Health Authority (RBHA) and Tribal Contractor programs.

As illustrated in Figure 1 below, 6% of individuals enrolled in substance abuse treatment were children or adolescents (4,139), 80% were adults with substance abuse disorders (52,645) and 14% were adults with Serious Mental Illness (SMI) with a co-occurring substance use disorder (8,912).

**Figure 1: Children and adults receiving substance use treatment (n=65,696)**



**A. Name and location of each program**

In SFY 2007, the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) contracted with four Regional Behavioral Health Authorities (RBHAs) selected through a national competitive procurement. RBHAs are responsible for developing and managing networks of community agencies to deliver substance abuse and mental health treatment services for persons eligible under the federal Title XIX/XXI programs and for Non-Title XIX/XXI eligible individuals and families in Arizona. In addition, the ADHS contracted with three tribal nations for delivery of substance abuse treatment services to reservation residents.

**Table 1: Service delivery system (SFY 2007)**

Area	Counties	RBHA
GSA 1	Apache, Navajo, Coconino, Mohave, Yavapai	Northern Arizona Regional Behavioral Health Authority (NARBHA)
GSA 2	La Paz, Yuma	Cenpatco Behavioral Health of Arizona
GSA 3	Cochise, Graham, Greenlee, Santa Cruz	Community Partnership of Southern Arizona (CPSA)
GSA 4*	Pinal, Gila	Cenpatco Behavioral Health of Arizona
GSA 5	Pima	Community Partnership of Southern Arizona (CPSA)
GSA 6	Maricopa	ValueOptions
Tribal Authorities/ Contractors	Pascua Yaqui Tribe Gila River Indian Community Navajo Nation	

**B. Amount and sources of funding for each program**

During SFY 2007, the ADHS/DBHS expended \$108,572,056 in service funding for individuals and families with substance use disorders. The Title XIX program for persons eligible under the Arizona Health Care Cost Containment System (AHCCCS) program comprised the single largest source of substance abuse treatment funding during the fiscal year (60.23%), followed by the Substance Abuse Prevention and Treatment Block Grant (21.63%). Funding for substance use treatment also included state appropriated monies from the Arizona State Legislature, funds from Maricopa County for local detoxification services, and the ADHS Interagency Services Agreement with Arizona Department of Corrections for prison re-entry services.

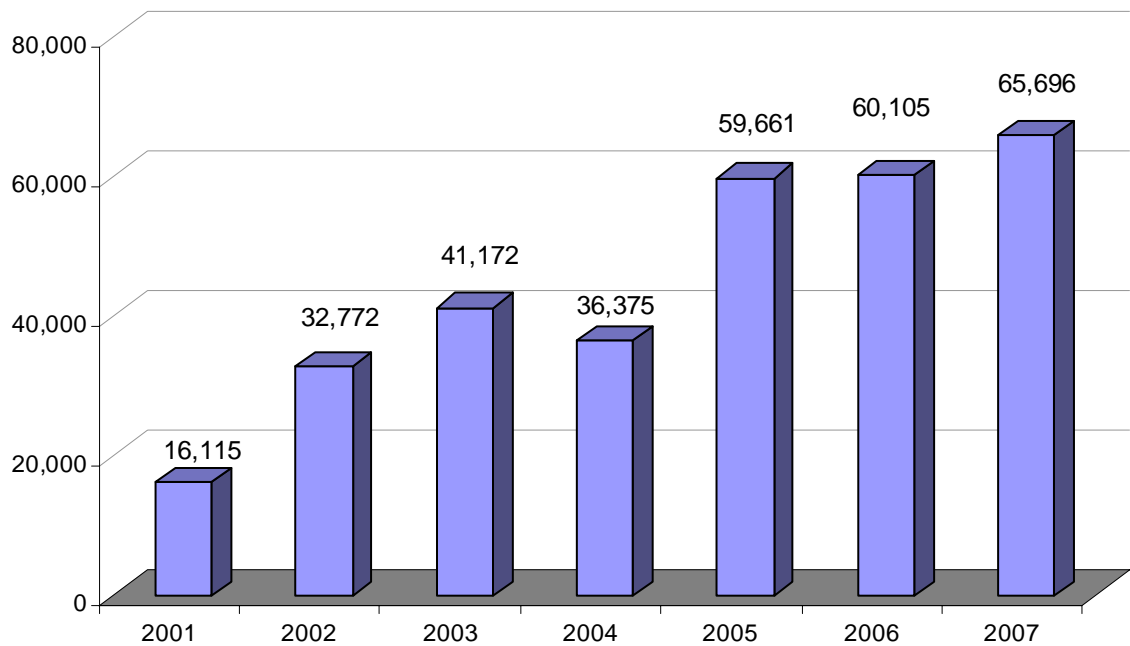
**Table 2: Substance abuse treatment funding summary: SFY 2007 (Actual)**

Fund Source	Dollar Amount	Percentage
State Appropriated	\$15,120,099	13.93%
Federal Block Grant for Substance Abuse Prevention and Treatment	\$23,480,668	21.63%
Liquor Fees	\$46,700	0.04%
Maricopa County, City of Phoenix, Arizona Dept. of Corrections COOL IGAs and ISAs	\$4,527,037	4.17%
Title XIX/XXI Funding	\$65,397,553	60.23%
<b>TOTAL</b>	<b>\$108,572,056</b>	<b>100%</b>

**C. Number of clients and demographic characteristics**

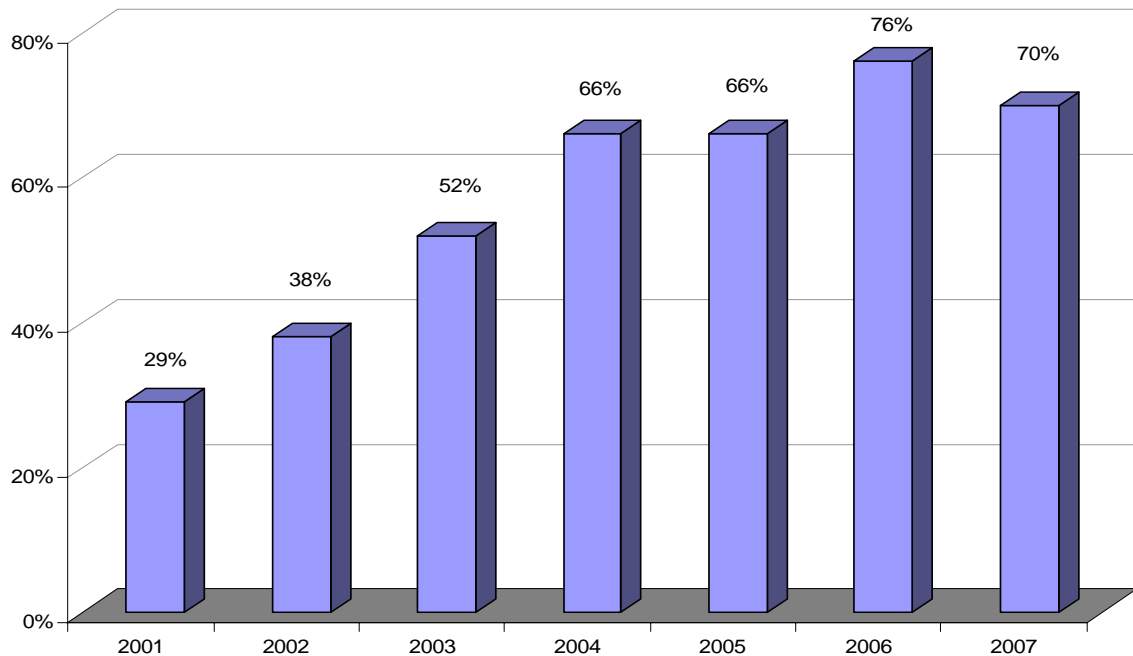
Statewide, 65,696 adults and children were enrolled in the ADHS/DBHS behavioral health system for substance use, abuse or dependence during SFY 2007. The behavioral health system in Arizona has experienced a period of unprecedented growth in the numbers of individuals accessing services for substance abuse since 2001, driven by expanded eligibility under Arizona's Medicaid (AHCCCS) program.

**Figure 2: Statewide substance use treatment enrollment: SFY 2001–SFY 2007**



Between 2001 and 2007, the number of Arizonans enrolled in substance use treatment services in the behavioral health system grew by 307% (from 16,115 individuals served in 2001 to more than 65,000 in 2007). The proportion of AHCCCS-eligible individuals enrolled in substance use treatment also increased (from 29% to 70% of all persons served over the same six-year period). For SFY 2007, 70% of individuals were enrolled in substance abuse treatment services under the Title XIX/XXI programs (45,708 individuals) and 30% were Non-Title XIX/XXI (19,988 individuals).

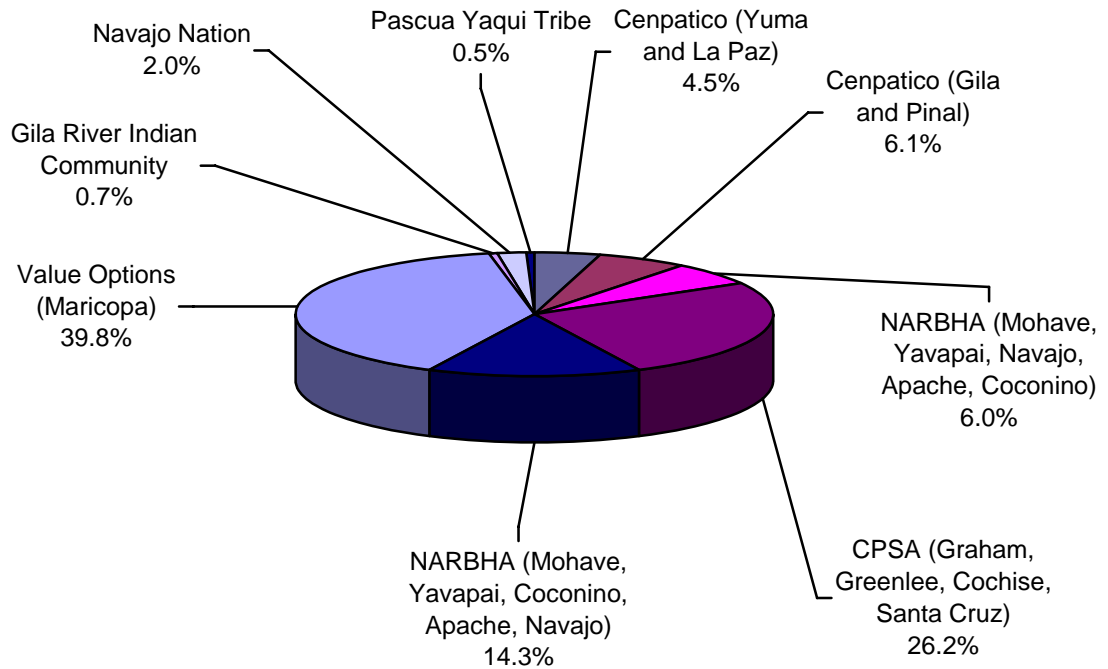
**Figure 3: Percentage of TXIX/XXI substance abuse treatment enrollees: FY 2001 - FY 2007**



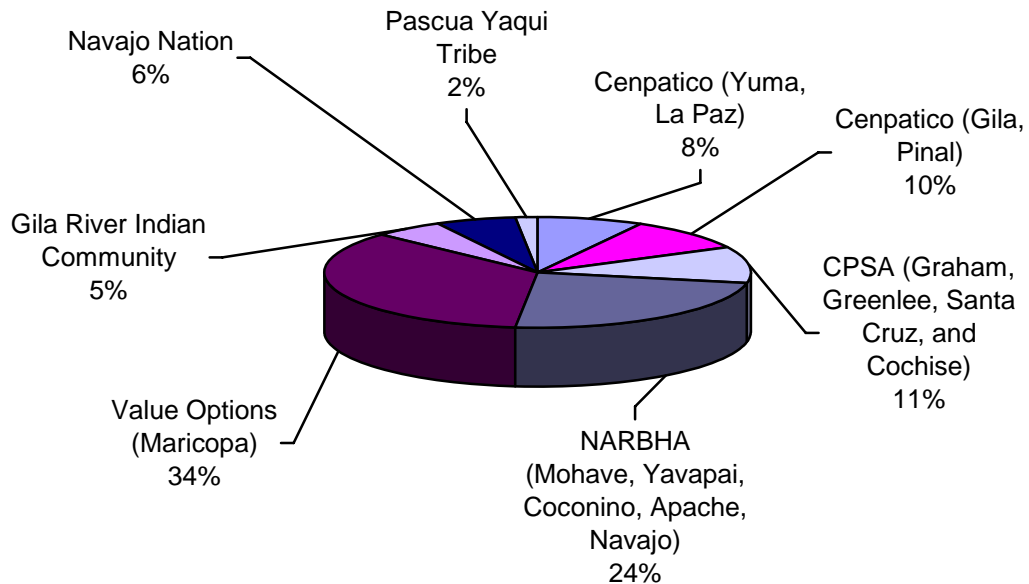
Programs in Maricopa County served the largest number of individuals receiving substance use treatment during 2007. Overall, 40% of treatment clients received their substance abuse treatment services through ValueOptions, followed by Community Partnership of Southern Arizona - Pima County (27%) and Northern Arizona Behavioral Health Authority (15%). The three remaining service areas together comprised 18% of all persons treated during the year.

The majority of individuals receiving substance use treatment in SFY 2007 were adults (94% of individuals served). Adult treatment participants included 52,645 General Mental Health/Substance Abuse adults (86%) and 8,912 adults with co-occurring Serious Mental Illness (14%).

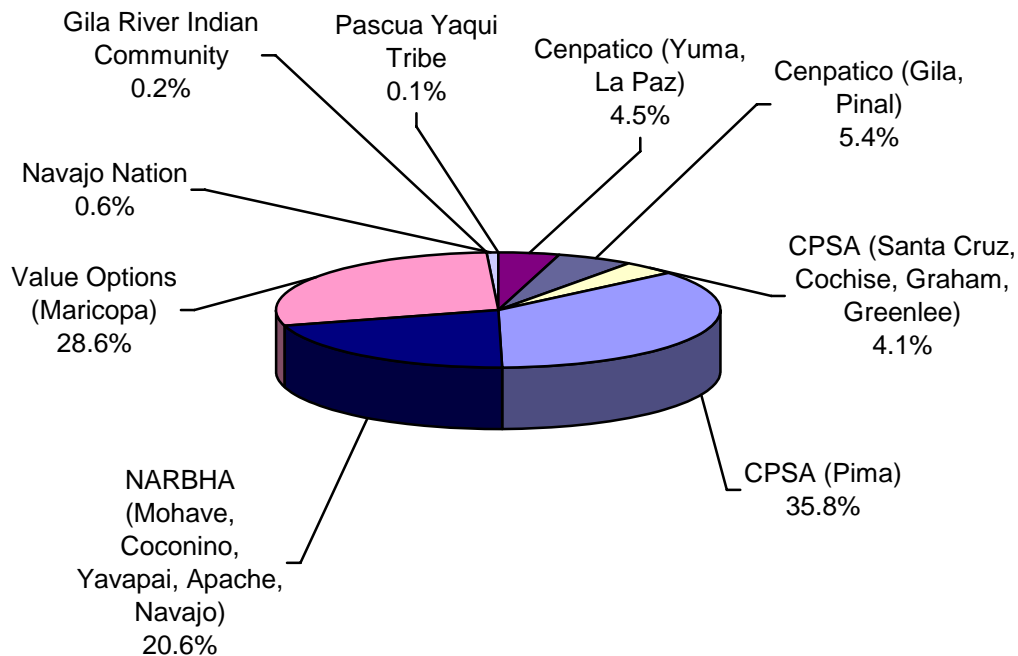
**Figure 4: Substance abuse treatment enrollees by service area (n=65,696)**



**Figure 5: Percentage of children in substance abuse treatment by region**

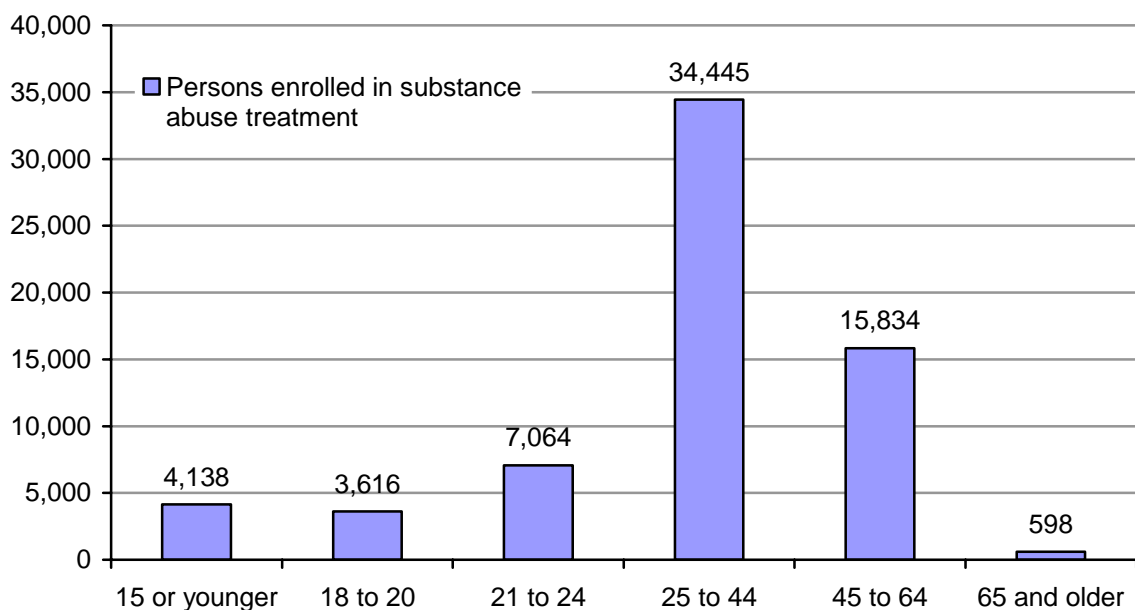


**Figure 6: Percentage of adults with serious mental illness and co-occurring substance abuse disorders enrolled in treatment services by region**



Only 6.2% of all enrolled substance use treatment clients were adolescents or teenagers (4,070 individuals).

**Figure 7: Persons enrolled in substance use treatment by age**



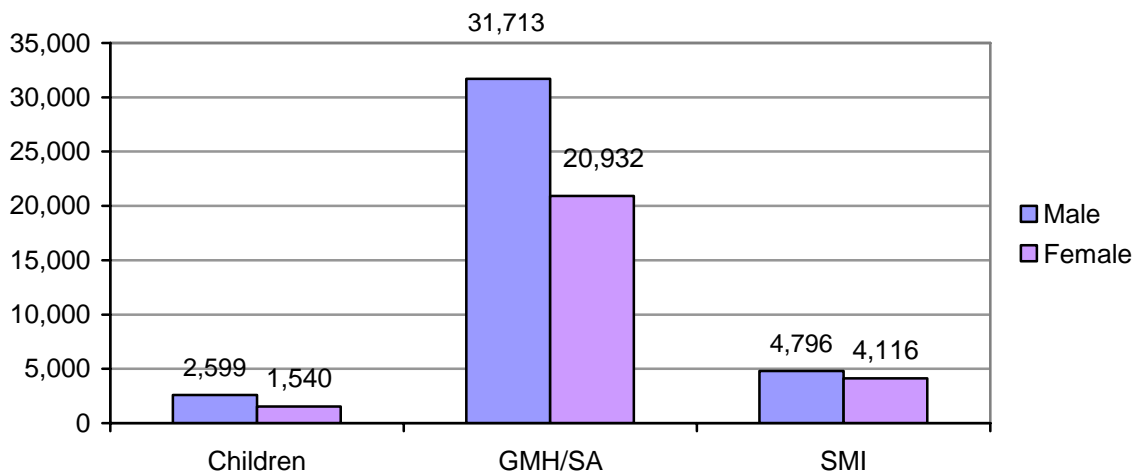


Most individuals entering substance use treatment in Arizona are adults. For FY 2007, individuals age 25-44 years old represented more than half (52%) of all clients served. Less than 1% of persons enrolled in substance abuse treatment were older adults.

Adolescents and young adults age 21-24 years represented 11% of persons enrolled in substance abuse treatments services, including 6% youth age 15 years or younger. Overall 5.5% of individuals served were 18-20 years old. This small but growing group of treatment clients reflects a stronger emphasis on targeting young adults for early engagement into treatment and recovery supports for substance use disorders in the behavioral health system.

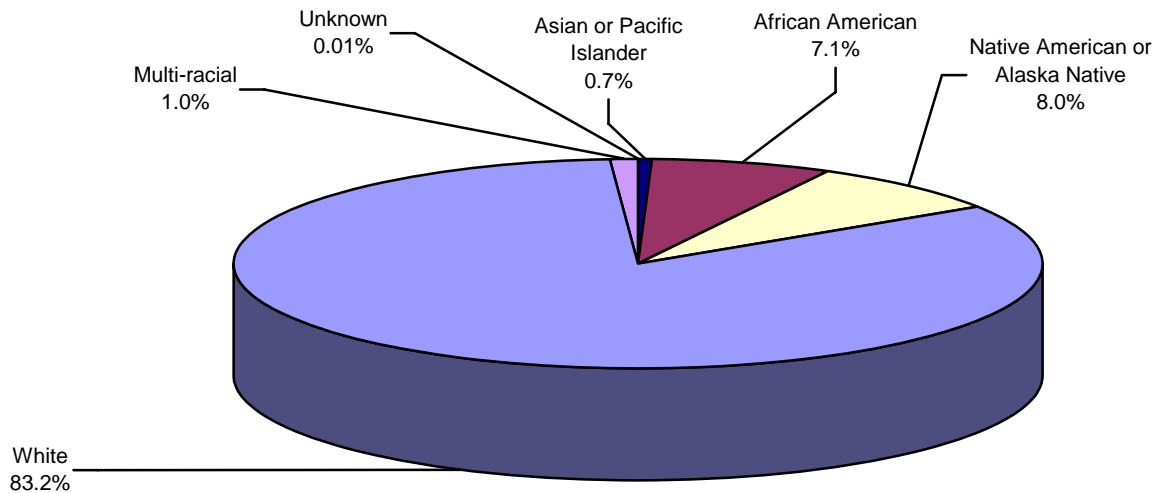
Males are more prevalent among persons enrolled in substance use treatment in Arizona, accounting for 60% of all individuals served in 2006, compared with 40% of treatment clients who were female. Among SMI Adults, the gender proportions are more equivalent, with 47% of clients representing females and 53% representing males. Among children the gender difference is approximately 37% female and 63% male.

**Figure 8: Enrollment in substance abuse treatment by gender**



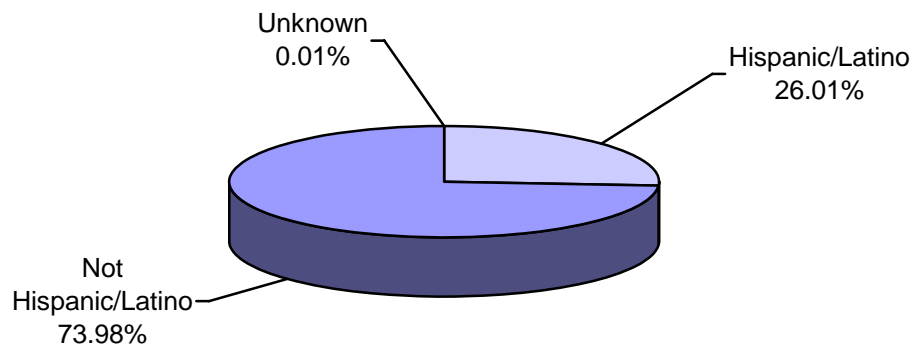
Although the majority of treatment enrollees are male, women with children make up a significant segment of the population receiving substance abuse treatment. In FY 2007, 18% of females (4,753) receiving substance abuse treatment had young children with them at admission. Additionally, 3% of females (820) were pregnant when they enrolled in substance use treatment. Providing critical maternal and child health services within a treatment milieu that emphasizes women's issues and the recovery needs of the family including parenting skills is an important part of the continuum for serving women.

**Figure 9: Substance abuse treatment participants by race**



The majority of persons who enrolled in substance abuse treatment services in 2007 were White (84%). Native Americans (8%) and African Americans (7%) were the largest minority groups in enrolled in substance abuse treatment services. Overall, 26% of participants identified themselves as Hispanic/Latino.

**Figure 10: Substance abuse treatment participants by ethnicity**



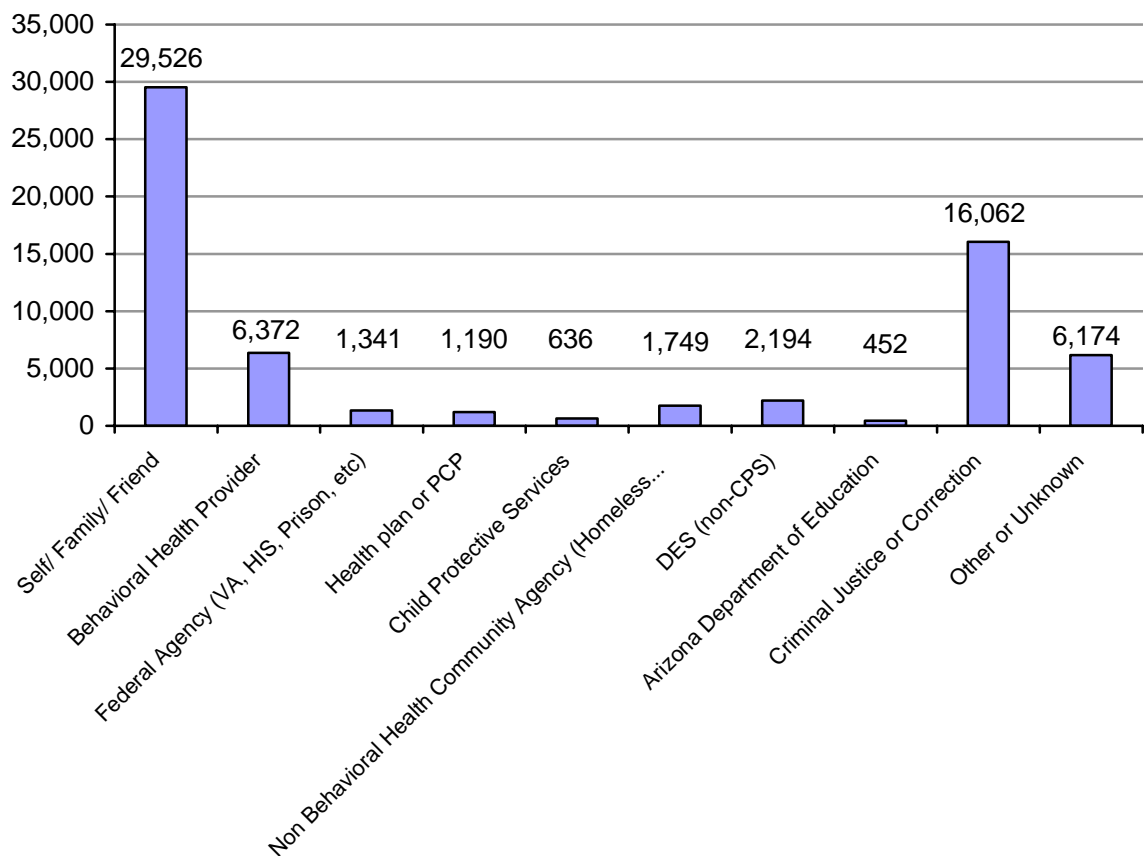
### Referrals for Treatment

Self-referral or referral by friend or family member was reported most frequently as the source of referral for persons admitted to substance abuse services during 2007. Overall, 45% of treatment participants sought treatment on their own or on the advice of a spouse, family member or friend. Nearly one quarter (24%) of individuals reported that they entered treatment due to a court order or a referral by a Criminal Justice Agency. Other large sources of referrals for substance abuse treatment

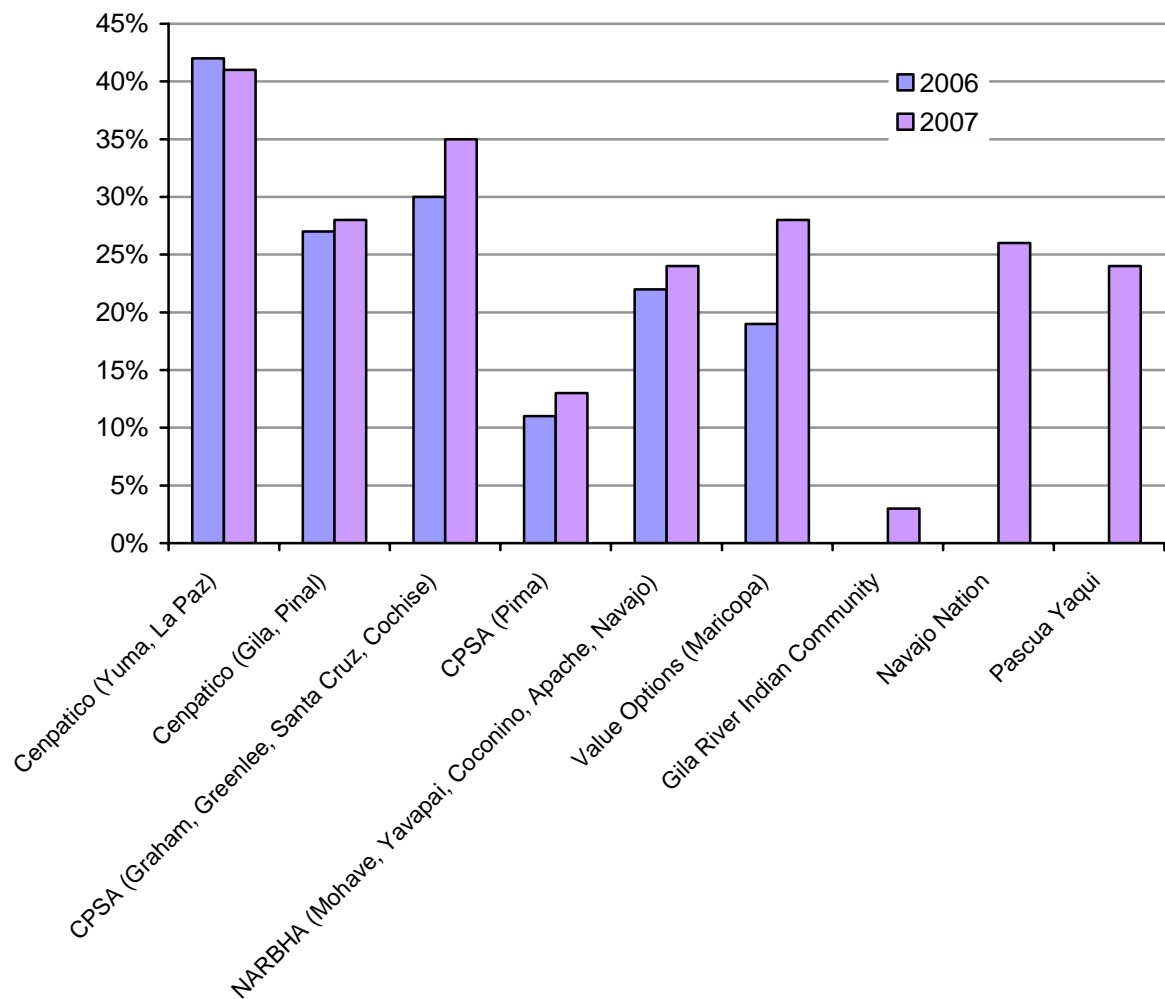
included: other behavioral health providers (10%), AHCCCS health plan or primary care provider (2%), community agencies such as homeless shelters or churches (3%). Approximately 9% were referred from other or unknown sources.

In general, justice system referrals are more common in rural regions of the state. For instance, in Yuma and La Paz counties, 41% of all persons enrolled in substance use treatment were referred by a court or a parole/probation officer. In Southeastern Arizona, approximately a third (35%) were referred by the justice system. In contrast, CPSA- Pima County each reported 13% of substance abuse treatment referrals as originating from the criminal justice system.

**Figure 11: Referrals for substance use treatment services**



**Figure 12: Percentage of substance abuse treatment enrollees referred by criminal justice agencies – SFY 2006 compared to SFY 2007**



### **Criminal Justice Involvement**

Overall, 20% of persons (13,184) enrolled in substance use treatment in 2007 report being arrested on one or more occasion in the past six months. Of those with an arrest during the six months prior to entering treatment, 15% were arrested one time, 3% were arrested two to three times and 1% reported four or more arrests

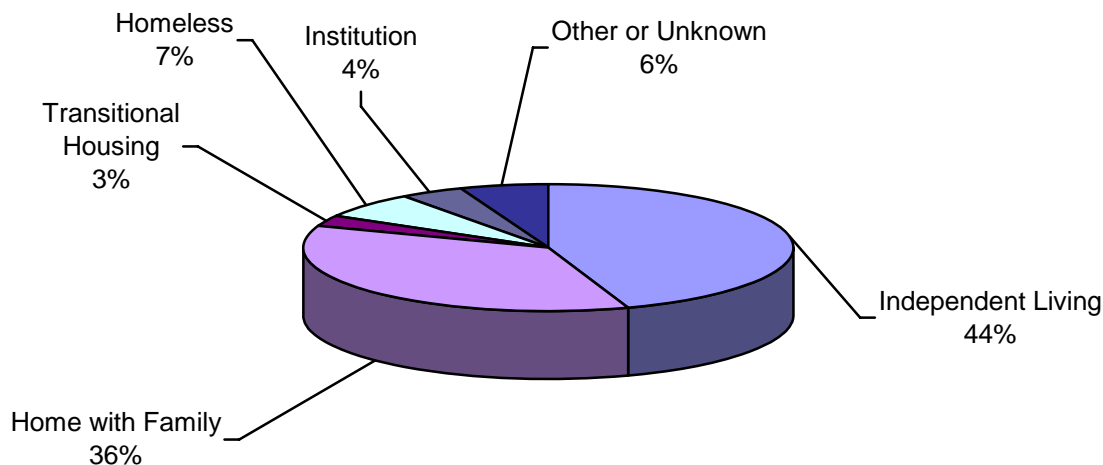
### **Housing and Employment**

Nearly half (45%) of persons enrolled in substance use treatment services during FY 2007 reported that they lived alone or with a roommate in an Independent Living environment in the 30 days prior to entering treatment. One in three (36%) reported that they lived with their spouse or Family.

Approximately one 7% of persons enrolled in substance abuse treatment reported they were Homeless or lived in a Homeless Shelter in the past 30 days, and only 3% lived in a Transitional Living environment, such as halfway houses, recovery homes, boarding homes and hotels. Finally, 4% of all treatment participants resided in an Institution during the past 30 days, including jail, prison, the Arizona State Hospital and licensed behavioral health treatment facilities. The majority of

Homeless persons, who were enrolled in services, were enrolled through CPSA in Pima County (44%) or ValueOptions in Maricopa County (38%).

**Figure 13: Primary residence in the past 30 days**



\*Institutional living includes: jail, prison, the Arizona State Hospital and licensed behavioral health treatment facilities. Transitional Housing includes: halfway houses, recovery homes, boarding homes and hotels.

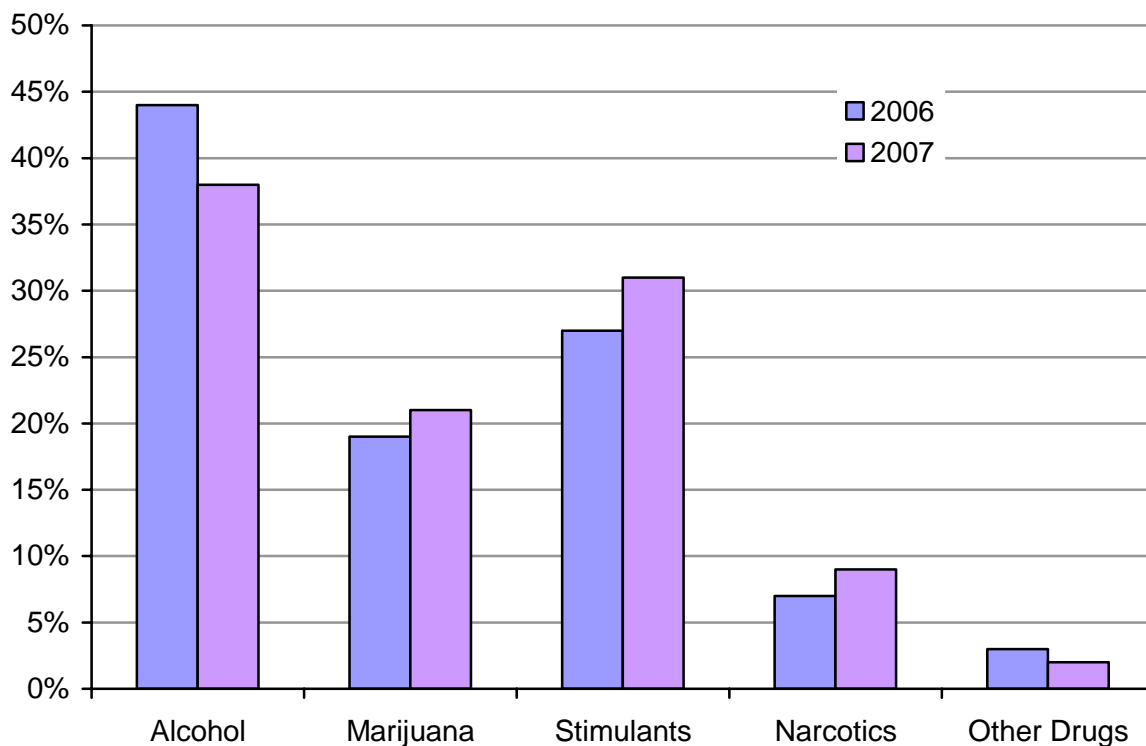
For FSY 2007, nearly one third of persons (29%) enrolled in substance use treatment were employed on a full or part-time basis. Of substance use treatment participants who were not in the labor force, 53% were unemployed. Approximately 11% of persons enrolled in substance abuse treatment were students.

#### **D. Client problems addressed**

##### **Primary Substances Used**

The most frequently used substance reported at admission to treatment during FY 2007 was Alcohol, with 38% of all treatment participants assessed as suffering alcohol abuse or alcoholism as their primary substance abuse problem. The second largest category statewide was marijuana (21%), followed by methamphetamine (19%), cocaine/crack (10%), heroin and morphine (7%), and all other drugs (6%).

**Figure 14: Primary substances used – SFY 2006 compared to SFY 2007**

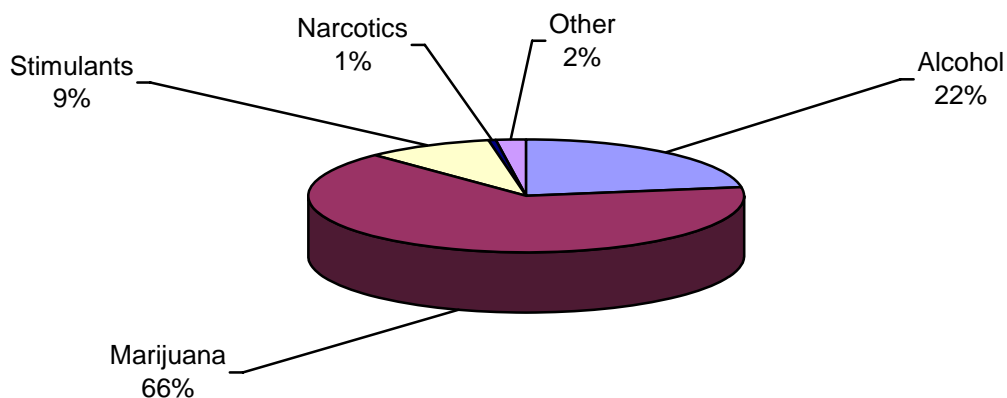


\*The Stimulant category includes: methamphetamine, cocaine/crack and other stimulants.

\*\*The Narcotics category includes: heroin and non-medical use of prescription painkillers.

Patterns in reported substance use problems differ significantly between children and adults. Children and adolescents receiving treatment overwhelmingly reported Marijuana as their primary drug problem (64%), followed by Alcohol (22%). The proportion of children and adolescents reporting a primary Marijuana problem has increased nearly 7%, from 57% in 2005. Stimulants (9.2%) remain a distant third as a primary problem reported by children and adolescents.

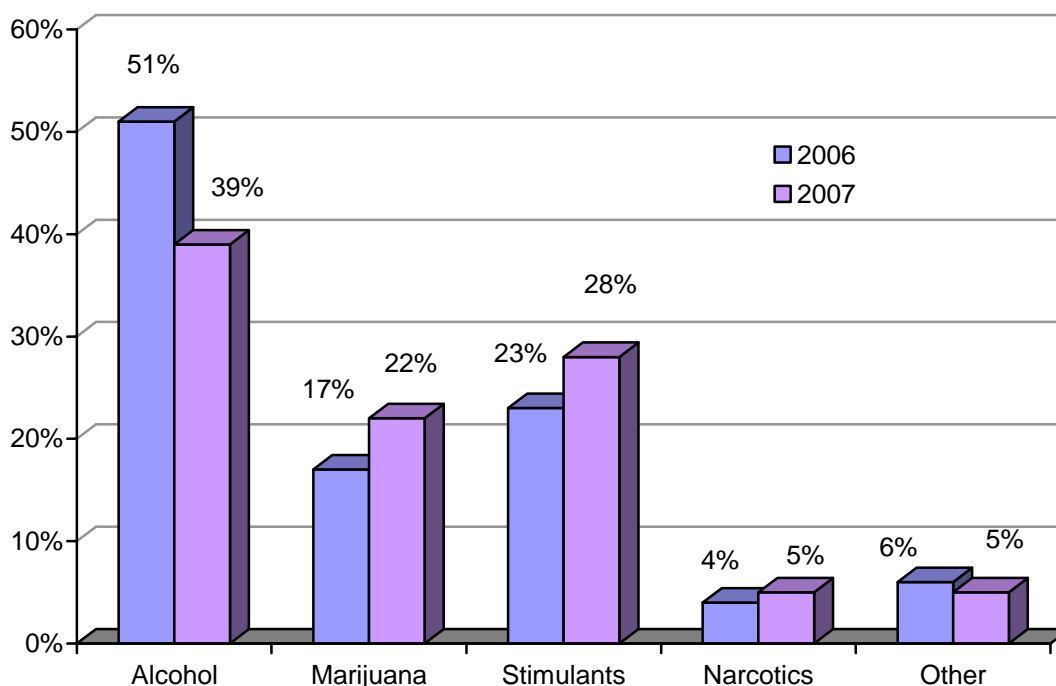
**Figure 15: Children/adolescents: primary substance problems**



In contrast, Alcohol was the leading substance problem reported by both Seriously Mentally Ill (39%) and non-Seriously Mentally Ill Adults (38%) enrolled in substance use treatment during 2007. Stimulants continue as the second leading cause of adult enrollment in treatment – reported as the primary substance problem by 31% of non-SMI Adults and 28% of SMI Adults. Between 2005 and 2007, the proportion of SMI Adults reporting a primary substance problem involving stimulants and methamphetamine rose by 3% -- from 20 % in 2005 to 23% in 2006 to 28% in 2007. Among non-SMI Adults, the number of individuals seeking treatment for Stimulant drug problems remained has also increased from 30% in 2005 and 2006 to 28% in 2007.

Marijuana also remains a commonly reported substance problem among Adults receiving alcohol/drug treatment. For 2007, 21% of non-SMI Adults and 22% of SMI Adults reported a primary problem involving Marijuana. Narcotics and Other Drugs accounted for smaller numbers of reports.

**Figure 16: Adults with serious mental illness: primary substance use problems - SFY 2006 compared to 2007**

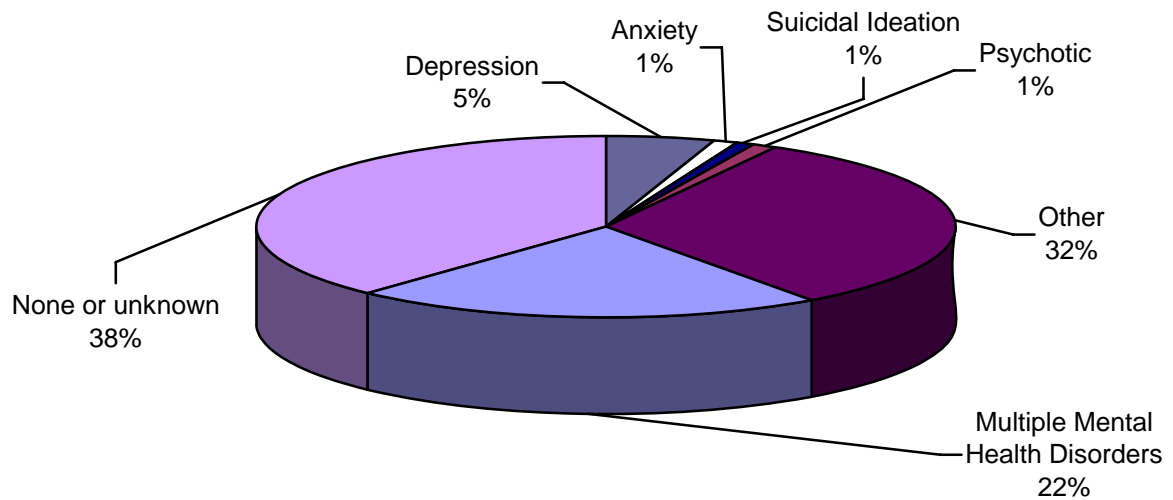


Methamphetamine remains a significant problem in the public behavioral health system. During FY 2002, methamphetamine accounted for only one in 10 (11%) of substances identified as problematic at admission to treatment; in 2007, 19% of individuals entering treatment reported methamphetamine as a primary problem.

### **Co-Occurring Substance Use and Mental Health Concerns**

Alcohol/drug abuse is only one of a constellation of issues requiring clinical attention when individuals enter treatment. Co-occurring mental health issues, such as relational problems, suicide attempts and physical abuse, are also common. During FY 2007, the majority of persons admitted to substance abuse treatment presented with other symptoms and conditions in addition to alcohol/drug use, including depression (5%), anxiety (1%), suicidal ideation (1%), and psychosis (1%). Approximately 22% were diagnosed with multiple co-occurring mental health disorders.

**Figure 17: Co-occurring presenting problems in substance abuse treatment**



**E. Number and Types of Services**

Individuals and families eligible under Arizona's Title XIX and Title XXI programs receive all medically necessary covered services for substance abuse and mental health through the Regional Behavioral Health Authorities. Covered behavioral health services for Non-Title XIX/XXI eligible Arizonans are based on available funding and special populations designated in the Substance Abuse Block Grant and other fund sources such as the COOL Program.

**Table 3: Average length of stay and average cost of treatment**

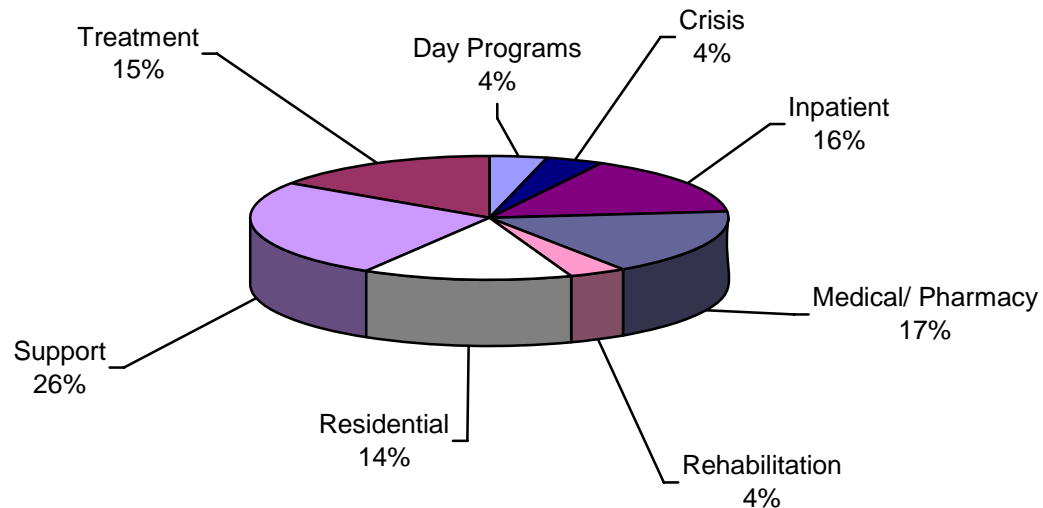
Treatment Type	# Persons Served	Mean Cost of Services per Person
Hospital Detoxification	189	\$2,323
Residential Detoxification	1,777	\$1,912
Hospital Treatment	3,279	\$7,956
Brief Residential Treatment	5,127	\$4,799
Long Residential Treatment	472	\$3,453
Outpatient Treatment	54,132	\$1,494
Intensive Outpatient Treatment	3,239	\$1,329
Opiate Dependence Treatment	3,548	\$398



## Substance Abuse Service Expenditures in 2007

During FY 2007, Support Services (26%), including case management, peer support and transportation, was the single largest category of expenditure for substance use treatment. Medical and Pharmacy Services (18%) was the second largest category, followed by Inpatient Services (16%) and treatment services (16%) which include: assessment and individual, family and group counseling.

**Figure 18: Substance abuse treatment expenditures**



### F. State Level Continuum of Care

Arizona is challenged by the diversity of its regions and peoples in delivering substance abuse services. Areas such as Phoenix, Tucson, Yuma, Prescott and Flagstaff are among the fastest growing population centers in the U.S. today, while the vast majority of state land continues to be isolated, rural communities with insignificant growth rates and large stretches of national forest and reservation lands. Geographic accessibility to services and retention of a qualified treatment workforce are major challenges in the continuum within Arizona's rural regions. An additional statewide challenge is posed by the rapid growth of the Hispanic population eligible for TXIX and TXXI services. Access to a bilingual, bicultural workforce will pose one of the greatest challenges to the state behavioral health system over the next 10 years.

The ADHS/DBHS has a reputation for pro-active involvement in reducing barriers to care and improving the quality of substance abuse treatment services available to citizens of Arizona. ADHS/DBHS has launched several system improvement initiatives designed to build capacity of critical treatment and recovery support services. Since 1999, the Division has focused on collaboration between adult mental health and substance use treatment providers to improve delivery of services for persons with co-occurring disorders. During 2004, this initiative was extended into the criminal justice system through Arizona's participation in the National Policy Academy on Co-Occurring Disorders. The ADHS/DBHS initiated a review of the statewide continuum of detoxification services in 2003 that resulted in a 2006 appropriation for infrastructure development in Arizona's rural communities (see HB 2554 Addiction Reduction and Recovery Fund). The Division launched several pilots during 2004 to develop Peer Support services in substance abuse treatment settings across the state and to establish recovery-focused transitional housing with supports as an

alternative to residential substance abuse treatment. While initial results are encouraging, availability of Peer Support workers and Supported Housing for substance abuse consumers remains a critical recovery gap. Finally, ADHS/DBHS established specialty treatment centers in three regions of the state to address the growing problem of methamphetamine abuse in Arizona (see Methamphetamine Centers for Excellence).

### **Methamphetamine Centers of Excellence**

ADHS launched Methamphetamines Centers of Excellence (COE) in three regions of the state to address the growing methamphetamine abuse issue. The three COE are: the Gila River Tribal Behavioral Health Authority in Sacaton, La Frontera and Compass Healthcare in Tucson, and Community Bridges in Phoenix.

All three centers adhere to evidence based treatments that include cognitive behavioral therapy, motivational interviewing, peer support, aftercare support, family education, therapeutic urinalysis, and contingency management. During the 2007 fiscal year, there were 9,000 treatment sessions between the three centers. In addition, ADHS in collaboration with the Center for Applied Behavioral Health Policy has created a data collection system that utilizes a designated data portal for all three centers to collect detailed data related to this project. ADHS staff members coordinate monthly coaching and mentoring calls among the three Centers that feature training on selected topics and information sharing. ADHS also conducts quarterly visits to the Centers to provide technical assistance.

Each of the three programs has been very successful in providing treatment. Some significant accomplishments in the Gila River Program were:

- The group, though not designated a gender specific group, evolved into a woman's group where the women have been empowered to deliver their message of success at conferences statewide, as well as in their own community with the elders. They have initiated a Peer Mentor role within the group, created a GED class for group participants, many group members have obtained their food handlers card, and they started a weekly yard sale business.
- The past fiscal year has seen 48 clients enter the program
- Program participants have an average negative urinalysis rate of 74%.

In Tucson, referrals come from the Compass Healthcare Detoxification Facility to the La Frontera COE. The Outreach Liaison from La Frontera provides onsite and offsite outreach and engagement to those referred from the detox center. The continued success of this program is directly attributable to the smooth communication and collaboration between these two agencies. Outreach has occurred to over 500 people in the last fiscal year and the program had an average rate of 97% negative urinalysis.

The Community Bridges' center has a collaborative treatment framework in which they coordinate with the Maricopa County Adult Probation Department's Drug Court. This center skillfully manages to maintain fidelity to the Matrix Model and to the therapeutic relationship while balancing information sharing with probation. They served over 200 clients in the past fiscal year with an average 94% negative urinalysis.

### **Methamphetamine Treatment for Individuals with Serious Mental Illness**

The state legislature provided a rate capitation increase to ADHS to provide longer term intensive substance abuse treatment to individuals diagnosed with a serious mental illness and methamphetamine issue. Each of the state's four regional behavioral health authorities (RBHA)

developed plans for increasing identification and treatment of methamphetamine addiction among adults with serious mental illness.

ADHS offered a series of training to providers around the state focused on best practices such as Motivational Interviewing, Contingency Management, and use of American Society of Addiction Medicine, and assessment of co-occurring conditions. ADHS continues to provide technical assistance to providers through phone calls and program visits.

### **Adolescent Alcohol/Drug Treatment**

ADHS manages two SAMHSA grants, the Child and Adolescent State Infrastructure and the Substance Abuse Coordination Grant. Grant funds are targeted to address adolescent substance abuse, including: creating and sustaining trusting partnerships with families, and other child serving systems; workforce development through expanded training and coaching; community infrastructure development for child and family serving agencies including barrier identification and resolution; improvements to the overall quality management to ensure sustainability of the statewide system reform, and expanding the continuum of substance use prevention and treatment services in order to enhance the system of service delivery to children and adolescents.

The federal grants also focus on implementing evidence based treatment approaches through training and ongoing coaching and mentoring, and building and sustaining family and youth-driven support services.

### **Projects funded by the grant during the past year**

ADHS provided training, ongoing coaching, and mentoring around two evidence based practice treatment models namely *Motivational Enhancement Therapy/Cognitive Behavioral Therapy* (MET/CBT), and *Adolescent Community Reinforcement Approach* (ACRA). Approximately 50 clinicians and supervisors were trained in MET/CBT and ACRA. Ongoing mentoring and coaching will continue until March 2008.

Other ongoing workforce development initiatives included, *Motivational Interviewing* (MI), *White Bison*, and *Circles of Strength* training provided by Native American Connections. Fifty clinicians and supervisors were trained in MI; there will be ongoing coaching and mentoring for trained staff in MI. In addition, 21 clinical staff and 2 family members were trained in *White Bison Families of Tradition*, 12 clinical staff and 1 family member were trained in *White Bison Sons of Tradition*, and 8 clinical staff and 1 family member were trained in *White Bison Daughters of Tradition*. Approximately 40 clinical staff and 6 family members were trained in the *Circles of Strength* Curriculum. Next steps include additional ongoing coaching and training to agencies and staff working with the Native American population both in the reservation tribal community and in urban areas.

Additional accomplishments include the development of a resource and referral document titled, *The Family Guide*, which serves as a roadmap for families needing guidance on how to receive assistance and make informed decisions on adolescent mental health and substance abuse treatment.

To support youth-driven involvement in substance abuse services, the first state-wide Youth Advisory Council, composed of youth in recovery from substance abuse was formed in January 2007. Their contributions and activities bring a vital youth voice to substance abuse treatment efforts.

A family-driven Substance Abuse and Recovery Curriculum was developed for new child protective services staff. The curriculum was modified to meet the needs of parents and caregivers. A training of trainers was completed for the curriculum by the family run organizations.

### **Addiction Reduction and Recovery Fund**

HB2554 Addiction Reduction and Recovery Fund was passed in the 2006 general session and ADHS was awarded \$2.5 million in November 2006 to develop rural detoxification programs through the RBHA system. The goal of this initiative is to improve access to care for rural and native individuals with addiction disorders, provide culturally appropriate services with local linkages for ongoing support, assist the community in reducing crime, lower health care costs, decrease dependence on welfare, and minimize the use of scarce public resources.

Funds were awarded for projects in Globe, Gila River Indian Community, Holbrook, Payson, Winslow, and Yuma. When the projects are completed in May, 2009, sixty additional beds will be available in Level IV stabilization programs for adults in Arizona.

Globe: Cenpatico was awarded \$520,000 to pay for a 6 bed outpatient facility, with counseling, peer support, triage, Level IV transitional services, medication monitoring and transportation to the hospital. A modular building will be placed on property that Gila County donated. Cenpatico has a contract with Community Bridges to administer this program.

Payson: ADHS provided \$550,000 to Cenpatico to assist with a 6 bed Level IV Stabilization Center. Cenpatico partnered with Community Bridges to administer this program. A 4 building facility was purchased near downtown Payson and renovation has begun. Community Bridges will use the Matrix model, provide level IV transitional services, peer support, counseling, and limited case management to serve these individuals.

Gila River Indian Community: The community received \$95,820 to fund two projects: 1) Assist with supplies for a new adult residential detoxification facility built under the Gila River 638 program, and 2) Expand the Gila River Methamphetamine Center of Excellence including van, aftercare services, and alumni club.

Holbrook and Winslow: NARBHA was awarded \$811,000 to split between projects in Holbrook and Winslow. NARBHA has chosen the NA'NIZHOOZHI Center (NCI) to administer the Holbrook Level IV Stabilization Center. A 16 bed Level IV stabilization center will be located at Northland Pioneer College (NPC). A modular building was purchased and will be placed on a piece of land that the city donated to this project at (NPC). Services will include counseling, support services, assessment and triage, assistance in the self-administration of medication and medication services, and traditional interventions, including, but not limited to sweat lodge ceremonies, drumming sessions, and talking circles.

Yuma: Cenpatico was granted \$405,900 from ADHS to fund a 16 bed Level IV Stabilization Center. Cenpatico has partnered with Crossroads Mission Facility to administer this project. Construction has begun on the new building adjacent to Crossroads' current stabilization unit and transitional shelter. Services will include counseling (individual, group, and/or family counseling), peer support, transportation, and assistance with obtaining financial assistance, education, medical assistance, and meeting basic needs such as housing, clothing, and food.

## **Services for Recovering Women with Children**

ADHS continues to support priority access to treatment for pregnant woman and women with young children under special requirements of the Federal Substance Abuse Prevention and Treatment Block Grant. The overall goal is to provide a continuum of comprehensive addiction treatment with long-term abstinence from all psychoactive substances and improved life functioning and well being, as measured by reductions in the medical, psychosocial, spiritual, social, and family consequences of addiction.

ADHS offers specialized treatment and recovery support services for women who are pregnant or have young children and their families, including women and teenage mothers who are attempting to regain custody of their children. Services treat the family as a unit and admit both women and their children into treatment. Services provided in a supported environment are Case Management, peer support, gender-specific treatment, counseling, transportation; groups targeting Native American women, education on medical care for the adult and child, parenting skills, and employment skills.

### Other Accomplishments

- ADHS funds supported 159 intensive treatment beds for women with additional capacity for 122 young children in Arizona; this is an increase of 19 beds for adults and 17 for young children.
- Northern Arizona Regional Behavioral Health Authority (NARBHA) opened a 12 bed level II residential facility for women in February 2007 operated by Verde Valley Guidance Center.
- The Maricopa RBHA developed a Methamphetamine Prevention program that includes the participation of four provider agencies: Scottsdale Prevention Institute, Touchstone, Community Bridges, and Friendly House. These agencies will provide targeted education services to Hispanic Women.
- Gila River Indian Community implemented the MATRIX model Methamphetamine substance abuse treatment program specifically for women with children.

## **Services for Families Involved with Child Protective Services**

Through legislation passed in 2000, ADHS collaborates with the Arizona Department of Economic Security (ADES)/Child Protective Services (CPS), community agencies and faith-based organizations to provide a continuum of family-centered services to parents whose substance abuse has been identified as a barrier to the family or to maintaining stable employment. The Arizona Families FIRST (AFF) program utilizes TXIX and federal Substance Abuse Block Grant funding through the RBHA system and Temporary Assistance to Needy Families (TANF) funding through ADES to provide seamless, coordinated care for families identified by CPS. The collaboration has provided services to more than 21,600 families since its inception in 2001. During SFY 2007, CPS workers referred 5,183 individuals across the state for services. Over 3,600 received services through the RBHA system. This was an 8% increase from 2006. Over 96% of these individuals were contacted through outreach and encouraged to seek treatment services. The process of reaching out to these families and encouraging them to seek help occurred within 24 hours for a most individuals. This is a tremendous accomplishment and one of the cornerstones upon which the program is based.

Individuals engaged in the AFF program received help that has facilitated reduction and/or abstinence of their use of illicit substances and/or abuse of alcohol. Over 60% of clients who either completed their AFF treatment services or voluntarily terminated services demonstrated no drug use at all during their participation in the AFF program, as verified by drug screening tests, similar to the level report last year. These findings are consistent with outcomes from other successful model treatment programs that use random drug testing as a program component.

This prioritized population includes women and families that enter substance use treatment as part of a family reunification order through Arizona's Child Protective Services System.

Treatment and Support Services, received by 93% and 97% of all clients respectively, continued to be the most common services provided to clients. While family (62%), individual (25%), and group (23%) counseling were common treatment services, assessment, evaluation, and screening services were also provided to 93% of all AFF clients. Individuals received a variety of secondary therapeutic and support services; case management (97%), flex fund services (72%), and transportation (29%) were the more common support services reported. Average length of treatment was slightly more than five-months (159 days).

Children of AFF parents or caregivers were returned to family environments that were safe and free of abuse and neglect. During SFY 2007, 98% of AFF clients (4,366 AFF clients) had no substantiated Child Protective Services (CPS) reports of recurrent abuse and neglect after their enrollment in the AFF program.

Among AFF clients who were discharged from either an AFF or RBHA provider during SFY 2007 (2,264 individuals), 142 clients received Jobs services during the year. Of these discharged "AFF-Jobs" clients, 59% maintained employment for 30 days, 45% maintained employment for 60 days, and 32% maintained employment for 90 days.

As a result of this program more than 450 children were safely returned to the custody of their parents without a recurrence of suspected abuse and neglect and more than 60% of parents who completed their participation in AFF services demonstrated no drug use at all during their time in the program, as verified by drug tests.

### **Re-Entry Services**

The Correctional Officer/Offender Liaison (COOL) Program was established in 1998 to better serve the substance abuse and behavioral health needs of high-risk offenders on parole. The COOL program expedites eligibility screening for AHCCCS and provides rapid connections to treatment and other re-entry services for persons on parole. During SFY 2007, parole officers referred 6,397 persons leaving prison to the COOL program through the RBHA's. Three out of four of those persons referred (4,582 people or 72%) were subsequently enrolled in substance abuse treatment. For SFY 2007, the COOL program delivered \$4,056,847.67 in combined Title XIX and COOL funded non-Title XIX services. The COOL Interagency Service Agreement (ISA) was renewed by the Arizona Department of Corrections (ADC) for SFY 2008.

### **Enhancing Treatment Effectiveness through Peer and Family Support**

The development of peer and family support services within Arizona's system of care for substance abuse evolved out of the State's recognition of the value that peers' receiving services and family members bring to the clinical environment. The Peer and Family Support worker project supports enhanced effectiveness in substance use treatment and more efficient use of public service funding by matching people in recovery as mentors and recovery coaches with individuals receiving services. The State currently has Peer and Family Support programs operating in over 20 agencies statewide. These agencies include Community Service Agencies, methadone service agencies, residential programs and outpatient treatment sites. Recovery Innovations of Arizona has contracted with the State to provide peer support specialist training to individuals with substance use disorders. This past year, Recovery Innovations of Arizona has provided training to over 70 individuals

throughout the State to work as Peer Support Specialists, Recovery Coaches and mentors for people with a substance use challenge.

### **HIV Early Intervention Services Targeting Persons with Substance Use Disorders**

ADHS provides HIV early intervention services including testing and education to persons with substance abuse disorders. The following are program highlights from 2007.

The Terros program in Maricopa County served 10,710 people at over 200 sites in SFY 2007. The majority of person served (66%) were enrolled in substance abuse treatment services. Approximately 10% were injection drug users. Terros administered 2,658 HIV tests. Approximately 8% of persons tested were found to be positive for HIV.

The Cope program served 4,965 people at approximately 9 sites in Pima County in SFY 2007. Approximately 19% were enrolled in substance abuse treatment services. Approximately 12% were injection drug users. Cope administered 776 HIV tests with a positive rate of 1.03%.

The South Eastern Arizona Behavioral Health Services (SEABHS) program in Cochise County served 217 people in SFY 2007. The majority (81%) were enrolled in substance abuse treatment services. Approximately 6% are IV drug users. SEABHS administered 91 HIV tests in SFY 2007.

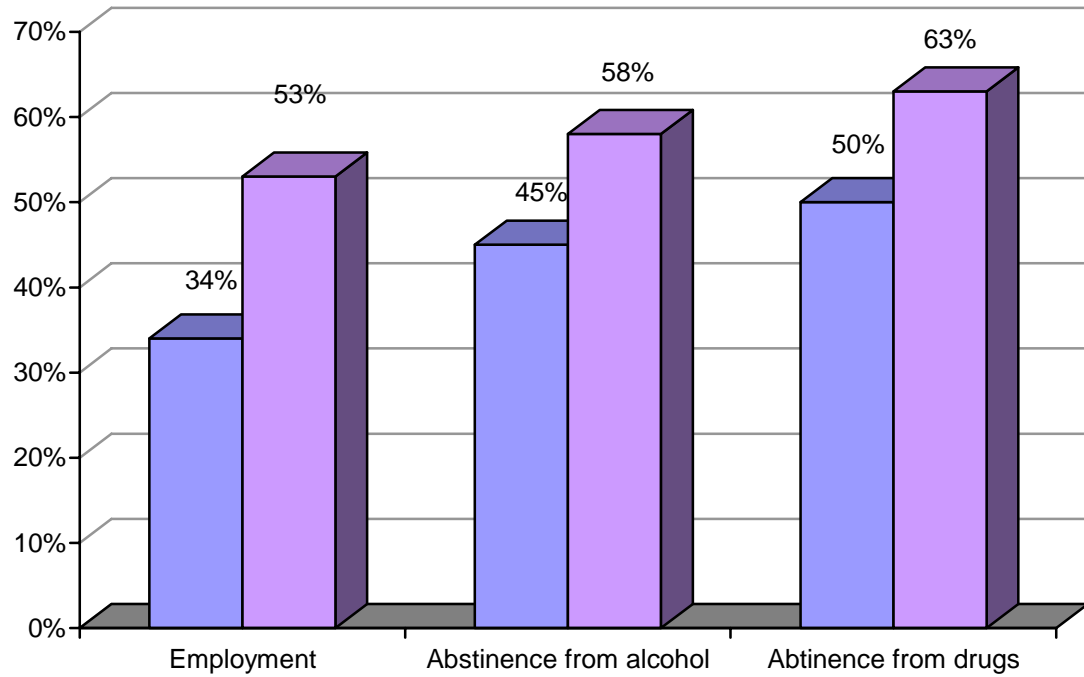
Cenpatico's programs in Pinal, Yuma, La Paz, and Gila Counties served 1,509 people in SFY 2007. Approximately 38% were enrolled in substance abuse treatment. They administered 83 HIV tests in SFY 2007.

In Northern Arizona, NARBHA served 302 people in SFY 2007. The majority, 94% were enrolled in substance abuse treatment services. Approximately 9% were IV drug users. They administered 194 HIV tests with a positive rate of 1.03%.

### **H. Evaluation of results achieved by substance abuse treatment programs**

Among persons discharged from ADHS substance abuse treatment services, there was a 19% increase in employment from admission.

**Figure 19: Employment and Abstinence at Admission and Discharge**



Among persons discharged from ADHS substance abuse treatment services, there was a 13% increase in abstinence from alcohol use and a 13% increase in abstinence from drug use.